MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

23631

File No. ....

Registered No. ....

55

1. PLACE OF DEATH

County *Lawrence*

Township *Vineyard*

City ....

Registration District No. *472*

Primary Registration District No. *5636*

(No. ...., St. .... Ward)

2. FULL NAME *James Mize*

(a) Residence. No. .... St., ... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. .... mos. .... ds. .... How long in U. S., if of foreign birth? yrs. .... mos. .... ds. ....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M*

4. COLOR OR RACE *W*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Lucy Mize*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 14, 1853*

7. AGE YEARS *80* MONTHS .... DAYS *7* If LESS than 1 day, ... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farmer*

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lawrence Co.*

13. NAME *John Mize*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

15. MAIDEN NAME *Mary Sower*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

17. INFORMANT (ADDRESS) *Harry Mize Stotts City Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Union* DATE *July 23, 33*

19. UNDERTAKER (ADDRESS) *Wm Wessell jr. Pierce City Mo.*

20. FILED *8-5* 19 *33* *Jus H Powell* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 21, 19 33*

22. I HEREBY CERTIFY, That I attended deceased from *February 1,* 19 *33* to *July 31,* 19 *33*

I last saw h... alive on *July 10,* 19 *33* Death is said to have occurred on the date stated above, at *2:30* m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Influenza

Other contributory causes of importance: ....

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19 ....

Where did injury occur? ....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ....

(Signed) *J. W. Boyd*, M. D.

(Address) *Sarcoxie Mo.*